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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	09/832,729
Filing Date	04-09-2001
First Named Inventor	Baugh
Art Unit	3736
Examiner Name	N. Desanto
Attorney Docket Number	P0009520

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above identified patent application, and						
✓ all the attorneys/agents of record.						
the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
the attorneys/agents associated with Customer Number			27581			
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are: The sale of this patent or application from Medtronic to Arteriocyte.						
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1. The correspondence address is NOT affected by this withdrawal.						
2. Change the correspondence address and direct all future correspondence to:						
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Firm <i>or</i> Individual Name	Brian P. Hopkins, Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.					
Address	666 Third Avenue					
City	New York	State NY		Zip 10017		
Country	USA					
Telephone	(212) 692-6803 Email bphopkins@mintz.com					
Signature MA I I List						
Name Jeffrey J. Hohe	nshell		Registration No.	34,109		
Date 🎊	126-21 31, 2007		Telephone No.	(763) 505-8426		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.						

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